

DECLARATION AND POWER OF ATTORNEY U.S.A.

ALL PATENTS, INCLUDING DESIGN
FOR APPLICATION BASED ON PCT; PARIS CONVENTION;
NON PRIORITY; OR PROVISIONAL APPLICATIONS

FOR ATTORNEYS' USE ONLY

ATTORNEYS' DOCKET NO.

P70917US0

As a below named inventor, I declare that my residence, post office address and citizenship are stated below next to my name, the information given herein is true, that I believe that I am the original, first and sole inventor (if only one name is listed at 201 below), or an original, first and joint inventor (if plural inventors are named below at 201-203, or on additional sheets attached hereto) of the subject matter which is claimed and for which patent is sought on the invention entitled:

NOZZLE FOR PLASMA TORCHES

which is described and claimed in: ☒ PCT International Application No. PCT/DE04/000889 filed April 21, 2004
☐ the attached specification ☒ the specification in application Serial No. _____ filed October 24, 2005
(if applicable) and amended on _____

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, §1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, §119 (a)-(d) of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

Prior Foreign Application(s)

(Number)	(Country)	(Day/Month/Year Filed)	Yes	No
<u>103 23 014.9</u>	<u>Germany</u>	<u>23 April 2003</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

I hereby claim the benefit under Title 35, United States Code, §119(e) of any United States provisional application(s) listed below:

Application No. _____ Filing Date _____ Application No. _____ Filing Date _____

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application:

(Application Serial No.)

(Filing Date)

(Status: patented, pending, abandoned)

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorneys (Registration No.) to prosecute this application, receive and act on instructions from my agent, and transact all business in the Patent and Trademark Office connected therewith. HARVEY B. JACOBSON, JR. (20,851); JOHN CLARKE HOLMAN (22,769); MARVIN R. STERN (20,640); ALLEN S. MELSER (27,215); MICHAEL R. SLOBASKY (26,421); JONATHAN L. SCHERER (29,851); IRWIN M. AISENBERG (19,007); WILLIAM E. PLAYER (31,409); YOON S. HAM (45,307) and NATHANIEL A. HUMPHRIES (22,772)

SEND CORRESPONDENCE TO: CUSTOMER NO. 00136

or

JACOBSON HOLMAN
PROFESSIONAL LIMITED LIABILITY COMPANY
400 SEVENTH STREET, N.W.
WASHINGTON, D.C. 20004

DIRECT TELEPHONE CALLS TO:

(please use Attorney's Docket No.) (202) 638-6666

JACOBSON HOLMAN
PROFESSIONAL LIMITED LIABILITY COMPANY

*Inventor(s) name must include at least one unabbreviated first or middle name.

201	FULL NAME * OF INVENTOR	FAMILY NAME	GIVEN NAME	MIDDLE NAME
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	CITY	STATE OR COUNTRY	ZIP CODE
		KRINK	Volker	
		Finsterwalde	Germany	Germany
		Friedastrasse 8	Finsterwalde	Germany
				03238
202	FULL NAME * OF INVENTOR	FAMILY NAME	GIVEN NAME	MIDDLE NAME
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	CITY	STATE OR COUNTRY	ZIP CODE
		LAURISCH	Frank	
		Finsterwalde	Germany	Germany
		Kriemhildstrasse 2A	Finsterwalde	Germany
				03238
203	FULL NAME * OF INVENTOR	FAMILY NAME	GIVEN NAME	MIDDLE NAME
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	CITY	STATE OR COUNTRY	ZIP CODE
		LOTZE	Gerd	
		Dresden	Germany	Germany
		Gustav-Adolf-Str. 6	Dresden	Germany
				01219

I further declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment or both, under section 1001 of Title 18 of the United States Code; and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

SIGNATURE OF INVENTOR 201*	SIGNATURE OF INVENTOR 202*	SIGNATURE OF INVENTOR 203*
DATE <u>12.12.06</u>	DATE <u>12.12.05</u>	DATE _____

☒ Additional inventors are named on separately numbered sheets attached hereto.

**JACOBSON HOLMAN PLLC
ADDITIONAL INVENTORS**

* Inventor(s) name must include at least one unabbreviated first or middle name.

204	FULL NAME * OF INVENTOR	FAMILY NAME WEISSGAERBER	GIVEN NAME Thomas	MIDDLE NAME	
	RESIDENCE & CITIZENSHIP	CITY Dresden	STATE OR FOREIGN Germany	COUNTRY OF CITIZENSHIP Germany	
	POST OFFICE ADDRESS	POST OFFICE ADDRESS Am Feldrain 38	CITY Dresden	STATE OR COUNTRY Germany	ZIP CODE 01328
205	FULL NAME * OF INVENTOR	FAMILY NAME KUEMMEL	GIVEN NAME Kerstin	MIDDLE NAME	
	RESIDENCE & CITIZENSHIP	CITY Dresden	STATE OR FOREIGN Germany	COUNTRY OF CITIZENSHIP Germany	
	POST OFFICE ADDRESS	POST OFFICE ADDRESS Hutbergstrasse 15	CITY Dresden	STATE OR COUNTRY Germany	ZIP CODE 01326
206	FULL NAME * OF INVENTOR	FAMILY NAME MOEHLER	GIVEN NAME Wolfram	MIDDLE NAME	
	RESIDENCE & CITIZENSHIP	CITY Freiberg	STATE OR FOREIGN Germany	COUNTRY OF CITIZENSHIP Germany	
	POST OFFICE ADDRESS	POST OFFICE ADDRESS Goldbachweg 13d	CITY Freiberg	STATE OR COUNTRY Germany	ZIP CODE 09599
207	FULL NAME * OF INVENTOR	FAMILY NAME	GIVEN NAME	MIDDLE NAME	
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✓	✓	✓
DATE	DATE	DATE
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Priority Claimed

103 23 014.9

Germany

23 April 2003

☒ Yes

☐ No

(Number)

(Country)

(Day/Month/Year Filed)

Yes

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(Number)

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(Day/Month/Year Filed)

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(Number)

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SIGNATURE OF INVENTOR 204 *	SIGNATURE OF INVENTOR 205 *	SIGNATURE OF INVENTOR 206 *
<i>Thomas Weissgaerber</i>	<i>Kerstin Kummel</i>	<i>Wolfram Moehler</i>
DATE 8.12.05	DATE 8.12.05	DATE 13.12.2005
SIGNATURE OF INVENTOR 207 *	SIGNATURE OF INVENTOR 208 *	SIGNATURE OF INVENTOR 209 *
DATE	DATE	DATE